NOV 3 1930

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

31048

**1. PLACE OF DEATH**

County St. Louis County — Registration District No. 1123 — File No.

Township Carondalet — Primary Registration District No. 6248 B — Registered No. 305

City Jefferson Barracks (No. Post Hospital St. Ward)

**2. FULL NAME** Fitzpatrick, William M

(a) Residence. No. Jefferson Barracks, Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1, 1904

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 26 | 6 | 6 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer) U S Army

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Curdsville
(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mattie Fitzpatrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Official records of War Dept.
(Address) (service record)

15. FILED Sept 10, 1930 L. C. Obrock REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 7 1930

17. I HEREBY CERTIFY, That I attended deceased from September 7, 1930, to September 7, 1930 that I last saw him alive on September 7, 1930, and that death occurred, on the date stated above, at 6:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Homicide

Hemorrhage, severe, intestinal, following perforating GSW of abdomen, severing right common iliac artery. Homicidal.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gun shot wound of abdomen. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Jefferson Barracks Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept. 7, 1930

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and post mortem findings.

(Signed) Henry S. Cole, Major MC, M. D.

Sept 8, 1930 (Address) Jefferson Barracks, MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Farmville, Va. — DATE OF BURIAL 9/11 1930

20. UNDERTAKER C. Hoffmeister U & L Co — ADDRESS 7814 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.